

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of:

Anna Gutowska and Karol J. Krzyminski

Application No. 10/701,053**Filed:** November 3, 2003**Confirmation No.** 5500**For:** MULTIPLE STIMULUS REVERSIBLE
HYDROGELS**Examiner:** Dameron L. Jones**Art Unit:** 1616**Attorney Reference No.** 23-66882-01COMMISSIONER FOR PATENTS
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Attorney
for Applicant(s)

Date Mailed

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37 C.F.R. § 1.97(c)

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Copies of United States patents and United States published patent applications do not have to be provided to the Patent Office (37 C.F.R. 1.98(a)(2)(ii)). Copies of unpublished U.S. applications do not have to be provided, as long as the application is available on PAIR, as this requirement of 37 C.F.R. § 1.98(a)(2)(iii) has been waived by the United States Patent and Trademark Office pursuant to the Official Gazette Notice on October 19, 2004 (1287 OG 163). Applicants will provide copies of such patents or applications upon request.

Submitted herewith is a check for \$180.00 as required by 37 C.F.R. § 1.17(p) for filing this IDS in compliance with 1.97(c).

01/07/2005 BABRAHA1 00000030 10701053

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180.00 OP

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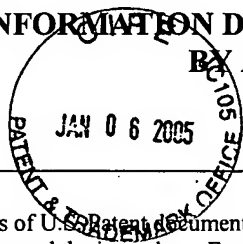
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**INFORMATION DISCLOSURE STATEMENT
BY APPLICANT**


Attorney Docket Number	23-66882-01
Application Number	10/701,053
Filing Date	November 3, 2003
First Named Inventor	Anna Gutowska
Art Unit	1616
Examiner Name	Dameron L. Jones

U.S. PATENT DOCUMENTS

Copies of U.S. Patent documents do not need to be provided, unless requested by the Patent and Trademark Office. For patents, provide the patent number and the issue date. For published U.S. applications, provide the publication number and the publication date. For unpublished pending patent applications, provide the application number and the filing date.

Examiner's Initials*	Cite No. (optional)	Number	Publication Date	Name of Applicant or Patentee
		5,752,974	5/1998	Rhee et al.

FOREIGN PATENT DOCUMENTS

Examiner's Initials*	Cite No. (optional)	Country	Number	Publication Date	Name of Applicant or Patentee
		WIPO	WO 91/19481	12/1991	

OTHER DOCUMENTS

Examiner's Initials*	Cite No. (optional)	

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